MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

Application Number 10/01851/s

Filing Date

Applicant(s)

	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
2							52						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.